

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 / 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ALLIANT TECHSYSTEMS INC EMPLOYEE CITIZENSHIP FUND

Full Name (Last, First, Middle Initial)

**A. JAMES M TALENT**

Mailing Address 15739 CEDARMILL DRIVE

City  
CHESTERFIELDState  
MOZip Code  
63017

Purpose of Disbursement

011

Category/  
Type

Candidate Name

TALENT FOR SENATE COMMITTEE

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 02

Transaction ID: SB23.13921

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JAMES M TALENT**

Mailing Address 15739 CEDARMILL DRIVE

City  
CHESTERFIELDState  
MOZip Code  
63017

Purpose of Disbursement

011

Category/  
Type

Candidate Name

TALENT FOR SENATE COMMITTEE

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 02

Transaction ID: SB23.13922

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	5

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. The Capital Grille**

Mailing Address 601 Pennsylvania Avenue, NW

City  
WashingtonState  
DCZip Code  
20004Purpose of Disbursement  
In-Kind ContributionCategory/  
Type

Candidate Name

KAY GRANGER CAMPAIGN FUND

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 12

Transaction ID: SB23.14512

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	5

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....